



1 FW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

DEC 17 2008

OFFICE OF PETITIONS

Application of: Wilson, et al.
Serial No.: 09/876.256
Filed: June 8, 2001
For: Chimeric Human Papillomavirus (HPV) L1 Molecules and Uses Therefor
Patent No.: 6,908,613
Issued: June 21, 2005

Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

CORRECTION OF ERROR IN SMALL ENTITY STATUS AND PAYMENT OF DEFICIENCY OWED

Sir:

This is a correction of an error in small entity status and the payment of the deficiency in fees owed, pursuant to 37 CFR 1.28(c), with respect to the above-identified application and patent.

The following fees were paid inadvertently as small entity fees with respect to the above-identified application:

- 1) Application filing fee of \$901.00 paid on June 8, 2001.
- 2) Filing fee for filing of executed oath or declaration of \$65.00 paid on July 20, 2001.
- 3) Maintenance fee of \$465.00 paid on September 18, 2008.

02/19/2009 CKHLOK 00000000 09876256

01 FC:1461

3648.00 OP

12/09/2008 MDELETE1 00000078 6908613

01 FC:1599

3807.00 OP

Adjustment date: 02/19/2009 CKHLOK

12/09/2008 MDELETE1 00000078 6908613

01 FC:1599

3807.00 OP

Repln. Ref: 02/19/2009 CKHLOK 0010435780
DAH:030678 Name/Number:09876256
FC: 9204 \$159.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 02/19/09		2 Serial/Patent # 09/876,256										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
X	Petition		12/08/08	\$ 159.00								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 159.00							
8 TO BE REFUNDED BY:												
10 REASON:		Treasury Check										
X	Overpayment	Credit Deposit A/C #:										
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">8</td></tr></table>				0	3	--	0	6	7	8
0	3	--	0	6	7	8						
	No Fee Due (Explanation):											
1.28 fee deficiency												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: A. Kelley		TITLE: Petitions Examiner										
SIGNATURE:		PHONE: 2-6059										
OFFICE: Office of Petitions												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED:		DATE: 2/19/09										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**